Education Record Release Form

Student ID (7 Digit) | Student’s Last Name | Student’s First Name

Third parties may request electronic access to student academic and financial records at https://catholic.campusesp.com. Requests will route directly to the student for approval.

Items or categories of information to be released: __________________________________________________________

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Purpose for which the above records may be disclosed: _____________________________________________________

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The information may only be released to the following listed persons or entities: ______________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Single Use:   [ ]  Continuous:  [ ]

I hereby grant authorization to The Catholic University of America to release my above referenced education records to the parties listed on this form. It is my understanding that the party to whom the education record information is released may not disclose that information to any other party without my written consent. I understand that unless marked for single use this release is effective until revoked by me, either in person or by signed request to the Office of Enrollment Services.

Student’s Signature (typed “signatures” not valid) ___________ Date ___________

The student should return this completed form to the Office of Enrollment Services

W200 Fr. O’Connell Hall or cua-enrollmentservices@cua.edu